

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI. WEDNESDAY, FEBRUARY 17, 1847.

No. 3.

FOREIGN CORRESPONDENCE.—EPICANTHUS.

Extract from the "Treatise on the Diseases of the Eyes," by Professor Desmarres, in progress of translation from the French by Wm. A. Cledinen, M.D., of Baltimore, Md.

[Communicated for the Boston Medical and Surgical Journal.]

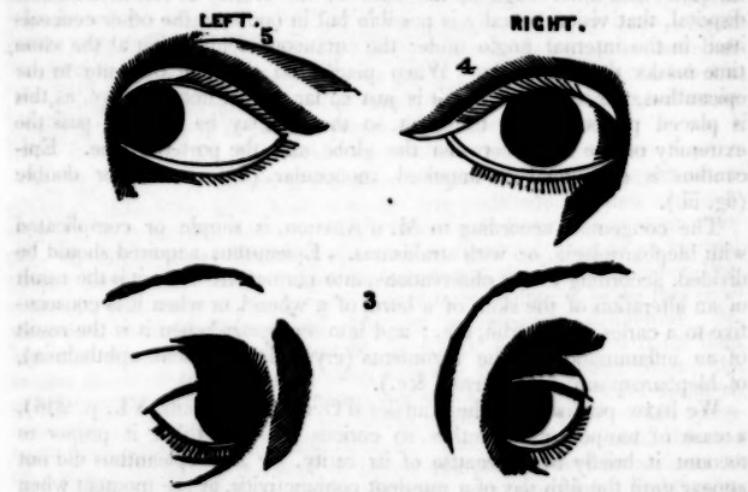
ARTICLE 7th.—Professor d'Ammon, of Dresden, first noticed and described this deformity, to which he attached the name it now bears. (*Teitschrist*, Vol. I., p. 533.) It consists in the existence of a semilunar fold of skin, whose concavity is turned outwards, and which sometimes advances so far as to cover the inner portion of the cornea. This fold is united at its convexity to the skin of the nose, at its superior extremity to the skin of the brow, and at its inferior extremity to the skin which covers the lower and inner edge of the base of the orbit. It results from this disposal, that vision laterally is possible but in one eye, the other conceals itself in the internal angle under the cutaneous fold, which at the same time masks the caruncula. When placed on the side opposite to the epicanthus, we recognize that it is just so far distant from the eye, as this is placed profoundly in the orbit, so that it may be easy to pass the extremity of the finger between the globe and the posterior face. Epicanthus is congenital or acquired, monocular (figs. iv. v.) or double (fig. iii.).

The congenital, according to M. d'Ammon, is simple or complicated with blepharoplegia, or with strabismus. Epicanthus acquired should be divided, according to our observations, into permanent when it is the result of an alteration of the skin, of a burn, of a wound, or when it is consecutive to a caries of the orbit, &c.; and into temporary when it is the result of an inflammation of the teguments (erysipelas, purulent ophthalmia), of blepharospasm, &c. (carron, &c.).

We have published in the *Annales d'Oculistique* (Tom. VI., p. 236), a case of temporary epicanthus, so curious that we think it proper to recount it briefly here because of its rarity. “The epicanthus did not appear until the fifth day of a purulent conjunctivitis, at the moment when the inflammation was declining. During three other days it advanced little by little towards the cornea, to such an extent that, when the child was looking straight before him, the middle of the semilunar plait formed by the skin, covered not only all the inner portion of the sclerotica, but also about a line in extent of the cornea. Having made this progress, for

two days the epicanthus remained stationary ; when the fold began gradually to retrograde towards the inner angle, so that by the fourteenth day it did not cover more than the interior third of the caruncula lachrymalis. Finally, towards the twentieth day, the malady had disappeared without leaving any traces.

The treatment of epicanthus is surgical or medical, according to the producing cause. When it is congenital and exempt from complications, we will practise the operation known under the name of rhinoraphy, proposed by M. d'Ammon, which consists in seizing, on the dorsum of the nose, either with the fingers or forceps, a vertical fold of skin sufficiently large to cause the deformity to disappear, and then cut it with strong scissors. The loss of substance on the nose, of the form of a myrtle leaf, is of a variable extent, as the epicanthus is more or less remarkable. We effect the union by means of pins placed transversely, and sustained by the twisted suture. This operation perfectly remedies the deformity. But should the epicanthus be monocular, it will suffice to take out the exuberant semilunar portion of skin by means of scissors, whose convexity will be calculated by that of the fold to be cut away ; and the cicatrix consequent thereon will be hidden in the inner angle of the eye operated on. This is the means of which I propose to make use in the next case of double epicanthus which I shall have occasion to notice, with a view to avoid making a vertical wound on the nose, which leaves in this place a scar, linear it is true, but still one always visible.



3, Epicanthus double. 4, 5, Epicanthus monocular.

"When the epicanthus is accidental it is necessary to inquire into the cause which has produced it. We will see presently an observation of a case, in which the treatment directed against an inflammation of the eyelid caused this affection to disappear promptly."

The drawings are copied from the valuable work of Professor d'Ammon, and fully delineate the appearance of the deformity. The numbers correspond with the French edition of the plates.

TREATMENT OF TYPHUS.—DR. GILLETTE'S REPLY TO DR. REED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal No. 21, page 428, I notice a communication from Dr. E. F. Reed, in which, contrary to his usual courtesy, his indignation seems to have been somewhat roused, on account of some remarks made by me in a previous communication in review of Dr. Sill's dissertation read at the Annual Convention of the Connecticut Medical Society. Dr. Reed states that I have cast unmerited suspicions on the character of Drs. T. Sill, W. S. Pierson and himself, for truth and veracity. Now I hold that he cannot justly come to this conclusion, from anything I have stated in your Journal of the 29th of July. That he has misrepresented my views, therein contained, I shall endeavor to prove, not only by my own, but, what will be much more convincing, *his own arguments on the subject.*

With regard to Dr. Pierson's practice, and his fifty annual cases of typhus fever, Dr. Reed enters into a labored argument to show, that the typhus and typhoid fevers which Dr. Pierson calls typhus, Hartford physicians and medical authors do *not* call typhus. This is all I endeavored to show in my communication. It makes a material difference in the ratio of deaths that occur in an individual's practice, whether we take all the cases that manifest any typhoid symptoms, or take typhus fever strictly so called by authors. It was the success of this mode of treatment, not the veracity of the individuals, that we were criticizing, and Dr. Reed has partly explained why Dr. Pierson has had but one in a hundred of his cases prove fatal. In addition to this, when we take into consideration the mode of treatment adopted by Dr. Pierson, which Dr. Sill says corresponds with his own, the early use of opium and other stimuli, which Dr. Good says, "when given early to obviate the symptoms of exhaustion and debility, *produce* the very symptoms they were designed to remedy," we may naturally come to the conclusion that many cases are thus made typhoid, which in the Hartford physicians' hands would have passed off without assuming any typhoid symptoms. Taking the above circumstances, and more particularly Dr. Reed's argument, into consideration, I shall not, and I presume no one will, differ with Dr. Reed in his conclusions, that Dr. Pierson has not been "overrated" in the number of his cases.

Dr. Reed's unjust suspicions removed, and Dr. Pierson's veracity substantiated, we come to another subject mentioned by Dr. Reed, viz., misquoting Dr. Sill's dissertation. In the quotations, I have endeavored to give the full meaning of the author, and at the same time make the communication as short as possible, in order to suit the limits of your Journal. Where a repetition of the same sentiment has occurred in the same sentence, I have omitted it. For instance, I am called to account

for quoting, "I believe almost every case may be considered safe, while there is no evacuation from the bowels." I have omitted the latter part of the sentence, which repetition Dr. Reed considers very important: "for I have never known a fatal termination, when entire control was had over the bowels, during the progress of the disease." The reader will judge whether it was necessary to append the latter, in order to express the author's sentiment. That fatal cases do occur in the practice of individuals, where entire control has been had over the bowels, during the progress of the disease, Dr. Reed's own note-book would testify, if he has kept a faithful record of his cases during the last three months. Again, I have omitted the preamble expressed by Dr. Sill, "There may be cases where emetics and cathartics may be useful as temporary auxiliaries," and quoted only, "Emetics and cathartics I consider rarely or never necessary," the latter being, in substance, the repetition of the former. Again, in the following quotation, to accomplish the main indication, "there is no article in the *materia medica* more safe, more efficient, or more indispensable, than opium in the early stages of the disease, to allay morbid irritability, &c." Here, Dr. Reed says, I should have added the word irritation, after the word irritability. As the two words are, in the sense used, synonymous, we had supposed it unnecessary to use both to express the author's meaning. As to the use of opium in the latter stages of this fever, which he says I have not quoted, the reader will find, by referring to the July No., that it was the early use of opium and other stimuli, to which my remarks were confined. Whether the remarks made in the following quotation from my former communication in the July No., page 511, which Dr. Reed attempts to ridicule, are justly entitled to this consideration, the reader will judge. "I believe that opium, judiciously administered, is one of the best remedies that we possess, in many cases of typhus fever, especially where the patient has been addicted to habits of intemperance. I believe in the beneficial effects of opium in moderate quantities, combined with ipecac. during the continuance of many cases of typhus; and where the bowels are affected by diarrhoea, it is universally required. But I protest against the indiscriminate use of the article as recommended by Dr. Sill in his dissertation, in the following quotation. 'To accomplish the main indication, there is no article in the *materia medica* more safe, more efficient, or more indispensable, than opium; in the early stages of the disease, to allay morbid irritability, and as the king of stimulants, it has its important place.' 'The coma is more easily overcome by opium, at short and regular intervals, than by any other remedy.'" Dr. Reed would represent, in the Dec. No., page 430, that I condemn opium entirely in all stages of typhus. The following are his remarks. "The use of opium in typhus, Dr. Gillette says, is indiscriminate, and he (we suppose solemnly) enters his protest against it." I would ask, does this give a fair representation of my remarks on the use of opium, contained in the above quotation? Neither has he done any better justice to the sentence which he says I have paraphrased.

While Dr. Reed is complaining of my misrepresentations, misstatements

and perversion of facts, he is unfortunately guilty of the same thing in an aggravated degree. Dr. Reed says, "Dr. Sill nowhere in his dissertation has mentioned the number of weeks, nor specified the length of time, he would suffer the bowels to remain unmoved, but only during the progress of the disease." This Dr. Reed concludes will not generally be more than two or three weeks before convalescence takes place. Now according to my observation, those cases which have been treated according to the plan laid down by Dr. Sill, have been more protracted than those treated in a different manner, and great numbers pass the longest period he has mentioned, before convalescence takes place. If the patient passes the shortest period he has named without an evacuation, it ought to be sufficient to satisfy the most ardent admirers of this mode of treatment. Dr. Reed says that the accumulation of feces without the power of expelling them, and troublesome disease of the rectum, to which I alluded as the effect of protracted constipation, "is not founded on fact, nor can it be supported by facts, but the evils mentioned are creatures of Dr. Gillette's imagination, or the account is a mere fabrication for sinister purposes." The correctness of the above assertion, Dr. Reed proves, "in his way," by the following lucid argument. After relating a case where artificial means were required, on account of debility of the abdominal muscles, he says, "As this is the only case that has occurred in my practice, so I had supposed that none of the kind had ever occurred among the patients of others pursuing this mode of practice, until otherwise informed by Dr. Gillette." As correctly might he have supposed, that because he had not seen the Egyptian plague, therefore no other person had ever seen it. After such an argument, it may be vain for me to attempt to substantiate the above assertions, and I shall only state that such evils have occurred in cases which have been under the care of physicians pursuing this mode of practice, Dr. Reed to the contrary notwithstanding.

In Dr. Reed's remarks on my mode of practice, he says "It is a compound of everybody's, but so indefinite, intermixed and snarled, that no one can tell with which end to begin to unravel," and that he shall "make no attempt to analyze it." That my practice was a compound of everybody's, is more of a compliment than I had supposed the gentleman was willing to bestow on me. It is more than can be said of his, for few practitioners in this State, or in the United States, ever adopted the plan he recommends, and these few are yearly becoming less. When a physician gleans from the private practice of individuals, of hospitals, and medical authors, and concentrates in himself the good and eschews the evil, it may be called a compound of everybody's practice, an honor which I do not claim for myself. When a physician becomes so wedded to preconceived notions, that he blindly shuts his eyes to all the valuable experience which has been introduced into practice for the last twenty years, and enters into a *stereotype* practice in the treatment of typhus, regardless of the symptoms that occur, he will have a practice peculiar to himself, and not a compound of everybody's. The plan of treatment recommended by Dr. Sill and endorsed by Dr. Reed, may not unjustly

be called the *rail-road* practice, the locomotive power of which, is dependent on the steam from the use of opium, brandy and pepper. Without regard to any obstruction that may exist upon the track, all that appears to be necessary in this plan, is to apply the steam and "go ahead." That cases exist where opium, brandy and pepper are useful, even in the early stages, and more frequently in the latter where exhaustion takes place, no one will question; but this does not prove that we should adopt for a general rule of practice what plainly belongs to rare cases. The remarks of Tweedie are very correct on this subject. In speaking of the use of stimulants he says, "Though given by some practitioners in every stage and complication, without regard to circumstances or symptoms, yet as the effect of fever on the various organs is more minutely traced, the *stimulant plan of treatment* must, from conviction, eventually be abandoned. These remarks apply to the indiscriminate [I trust the author will be pardoned for using the word] use of wine and other stimuli, in fever, but are by no means intended to convey the idea, that there are no forms of fever, or special circumstances, which not only render this class of remedies proper, but indispensably necessary to save the life of the patient."

I have not, as the gentleman would represent, boasted of my own success. I spoke of this mode of treatment and its success, in comparison with that recommended by Dr. Sill and endorsed by Dr. Reed, not in my own practice, but in that of my medical brethren around me. As Dr. Reed has indirectly hinted to a want of success in my own private practice, I trust the reader will pardon me for saying that I was not aware of having lost a case of typhus or typhoid fever, for the last four years.

[A paragraph is here omitted, as being of a nature likely to call for rejoinders which might interminably lengthen the controversy.—ED.]

From the remarks of Dr. Reed upon the word *indiscriminate*, I should suppose that he considered it an improper word to be introduced into a medical discussion. I hold that Dr. Sill's remarks in the following quotation lead to indiscriminate practice, inasmuch as he prescribes for the name in his plan of treatment, without regard to symptoms. "Ought we not rather to adopt some general principle of treatment, which would meet alike the mild and grave cases; for although the indications in the one case are far more imperative than in the other, yet our principles of treatment ought, and to secure success must, be one and the same." The individual cases of typhus vary so materially in their symptoms, at the commencement and during the continuance of the disease, that no general principles of treatment, to meet alike the mild and grave cases, can be adopted. Every new case of typhus fever may justly be considered a new study. The symptoms are the only criterion by which we are to judge what remedies are required in the individual cases. These vary from almost innumerable circumstances, atmosphere, age, climate, sex, natural constitution of the patient, &c., requiring a mind of the closest discrimination to investigate the disease, in order to come to a correct conclusion, as to the remedies required. Without using this precaution, the practitioner will frequently be led into a snarl, which the death of the patient

can alone unravel. It is doubly necessary that we should prescribe for symptoms, and not for names, when a certain set of symptoms in Windsor are called typhus by Dr. Pierson, and in Hartford they are not called such. Again, a different set of symptoms, in Dr. Sill's practice, he calls typhus; whereas, when a similar train occurs, in Dr. Reed's practice, they do not constitute typhus fever.

With regard to the record of deaths, during the epidemic typhoid pneumonia in 1816, Dr. Reed is determined to understand that I have made an effort to fasten a falsehood upon him, by introducing it into your Journal. I have made no such accusation. Immediately preceding Dr. Sill's remarks on Dr. Reed's practice in this disease, he speaks of his own success in that form of it called typhoid pneumonia. Here are his remarks, page 34. "In relation to that form of *this disease* called typhoid pneumonia, I have never bled a case, and never lost a case." As all the readers of your Journal had not the privilege of consulting Dr. Reed's notes, I wished to show, that under the skilful management of Dr. Reed even, individuals did sometimes die with that form of this disease, on this side of the Connecticut river. When I quoted the 16 deaths that occurred from March, 1816, to 1837, 21 years, Dr. Reed says that I knew Dr. Sill did not include one of typhoid pneumonia. I would inquire, how should I know this? I was reviewing the dissertation of Dr. Sill, and in calling typhoid pneumonia *typhus fever*, I took him for authority, and Dr. Reed should know that all the fatal cases contained in his notes within the above specified time, should have been added to the 16 fatal cases, if he would wish to keep himself and Dr. Sill from a "snarl." That in common with Dr. Sill, I recognized typhoid pneumonia as typhus, the following from page 512 of this Journal will show. "In some seasons the pleura and lungs have been more affected, and most of the cases of typhus become what is called typhoid pneumonia." Why did Dr. Sill pass over the eighteen fatal cases recorded in Dr. Reed's note-book as having occurred in January, February and March, and say from April, unless it was to make out successful practice? Would it not have presented a much fairer picture, had he commenced at the beginning of the year? It is plain that in 500 cases occurring within 21 years, if 16 only prove fatal, the practice is very successful. On the contrary, if in an individual's practice 18 fatal cases are recorded as occurring in three months, it is unsuccessful practice. This is the inference I had drawn from the record, and what I presume the readers of your Journal had drawn. But Dr. Reed says, "Why did not Dr. Gillette come out manfully and say that my statement was false?" We leave this for Dr. Reed to say himself in his communication. "A guilty conscience needs no accuser." I have brought no such accusation. My object was simply to show the success or non-success of this mode of practice. Dr. Reed says he did not see but twenty of the cases that occurred during the epidemic, and that I have given him the credit of attending not only upon the whole of them, but all the other cases that occurred during the year, including "the infant which he did not see, the man that was drowned, and the infant child that was born dead." It appears by Dr. Reed's statement

that I was misinformed, and that three of the twenty-three cases of typhoid pneumonia, were not seen by him, and two more were past medication when he first saw them. So far as he has been injured by this statement, I am willing to make the "*amende honorable.*" This epidemic prevailed thirteen years before I came to this town, and I had not the privilege of consulting Dr. Reed's ample notes on the subject. I have nowhere stated, as Dr. Reed represents, that he attended upon all the fatal cases that occurred during the year. I introduced the record, with the case mentioned at the close of the year 1815, for two purposes. First, to show when the epidemic commenced and when it ended; second, to show why Dr. Sill, in looking over Dr. Reed's notes, closed his eyes, and passed over the months of January, February and March. That I spoke only of the cases of typhoid disease that occurred during the epidemic, as having been attended by Dr. Reed, the following extract from my article in the July No. fully shows. "I have been informed by two intelligent individuals, who have always resided here, were present during the epidemic, and personally acquainted with all the individuals mentioned, that they were all patients of Dr. Reed. They are put down in the record as typhus fever; most of them, I suppose, were typhoid pneumonia." It is plain that I was here speaking, not of the infant that was born dead or of the fatal case of "rattles," but of the fatal cases of typhoid pneumonia, that prevailed during the epidemic.

In conclusion, I would remark, that, while I have every respect for the character of the three gentlemen mentioned, for truth, I trust I am not transgressing the rules of courtesy by saying that I disapprove of their mode of practice. With the risk even of another charge of sinister purposes, and an attempt to impeach their veracity, I shall hazard the remark, that the ratio of deaths in a given number of their cases, would be much increased, if they selected "only those cases which by *all* would be called typhus as described by authors."

H. C. GILLETTE.

South Windsor, Ct., Jan. 17th, 1847.

PROPOSED PLAN OF MEDICAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Notwithstanding I am among those who believe that medical education is carried to a much greater extent in this country than in any other, as it respects the mass of the profession, and believe, also, that the American physician surpasses greatly the European in philosophical views of disease, and in practical habits, there is no one who can desire more than myself to see the standard of excellence still farther advanced. For this purpose only one experimental plan has presented itself to my mind, as at all likely to result auspiciously; and it is one which cannot fail of being decisive.

It is assumed by many that any existing school which may extend its term of instruction, and exact a higher preliminary education, will find its reward in an increased number of students. Upon this basis, which ap-

pears to be urged by the advocates of "reform" as a motive to the non-conformists, I would respectfully propose that the summary step be taken by the National Convention of Physicians, which is soon to assemble at Philadelphia, to institute a College upon the contemplated plan of "reform"; embracing, of course, in its objects, a requisition of extended preliminary acquirements, a multiplication and extension of lecture terms, an examination of the candidates for graduation by other hands than their teachers, &c.

If the desired "reform" can be obtained, it surely must be most feasible under the united concurrence and influence of the whole profession; and the moment a successful demonstration is made, all other colleges must necessarily, as it appears to me, adopt the example, however it may curtail the number of educated physicians.

Respectfully yours,

New York, February 6th, 1847.

M. Paine.

APOTHECARY DOCTORS.

[Communicated for the Boston Medical and Surgical Journal.]

THE separation of the medical profession into distinct and separate departments, designating its members either as surgeons, physicians or accoucheurs, exclusively, has always been resisted in this country, for the obvious reason that no man is or can be competent as either surgeon or accoucheur, unless he be a thoroughly-educated physician, it being practically impossible to draw a line of demarcation between the surgical or obstetrical management of a patient, and the medical treatment, which may be required to precede and follow the operations or manipulations of either surgeon or accoucheur. In other countries these and the like distinctions have long subsisted to greater or less extent, but in America, for the reason named, they are discountenanced. Individuals may and do devote either peculiar or exclusive attention to one or the other of these departments, and may thus acquire in general estimation the character of particular skill in some one department; but unless they give evidence of professional ability in either of the rest, their reputation in either will be short-lived, and they will soon find their appropriate level.

The same may be said of other more minute specialities, as of self-styled oculists, aurists, and even of those who devote themselves to one class of diseases, or to the diseases of particular organs or functions, they are all estimated by the profession according to their greater or less qualifications in every department of the science, so far as these can be known, nor are any novel or exclusive pretensions awarded them by the fraternity even in their chosen speciality, whatever may be their reputation thus acquired in popular esteem. Indeed the claim to extraordinary skill, or to secret remedies, of which their professional brethren are not equally well informed, on the part of any of these, forfeits at once the character of the pretender, and both his name and pretensions are justly looked upon by the regular fraternity, as meriting the odium due to other forms of quackery.

But it is otherwise with respect to the business of the apothecary, which in America is by common consent of the profession and the public recognized as a separate and distinct branch, demanding special and peculiar qualifications, in chemical and pharmaceutical science, but by no means including a medical education proper, such as is required in either department of the regular profession. Indeed a man may be well trained by education and experience in the healing art, without being at all familiar with the details of an apothecary's shop; while the best qualifications acquired by the most skilful apothecary, as such, by no means prepare him for the duties of a practitioner.

It has come to pass, however, that on the one hand apothecaries are often not only called doctors, but actually seek employment as physicians, relying upon their knowledge of drugs, their uses and doses, without any other professional training. And on the other hand, many young physicians buy out the stock of apothecaries, and attempt their peculiar duties, without any special training or experience as such. While, still worse, so lax is the protection of the public by the laws in many of the States, that men wholly inexperienced and uninstructed in any department of medicine, do nevertheless undertake to keep druggist and apothecary shops, while ignorant of any kind or degree of knowledge, such as the dispensation of drugs demands. And these, with the boys kept in their shops, often take the title of doctors; and, not content with selling physic, they often advise and prescribe it, to the hazard, and, too often, to the destruction of their victims. So that the ignorant multitudes often suffer incalculable mischief to the health of their families, for want of the distinction being kept up between physicians and apothecaries, which it is the interest as well as the duty of both parties to maintain and perpetuate.

The facilities thus afforded to quackery, are in many of our cities deplorably mischievous, for every variety of ignorant and empirical practitioners provide themselves with at least the semblance of an apothecary shop, and affix the sign of doctor upon the door or windows. So long as physicians condescend to keep apothecary shops; or so long as apothecaries allow themselves to be called doctors, or to prescribe medicines as such, there can be no remedy for this state of things. Each of these professions should reciprocally refrain from the province of the other, and recognize, in either capacity, none but those regularly trained to their respective departments. Pretenders in either would thus be branded, and proscribed from recognition or fellowship, and the public would by-and-by learn to discriminate, both physicians and apothecaries profiting by the line thus practically drawn between their distinct avocations, each of which will afford ample employment and remuneration if sedulously cultivated. The colleges of pharmacy are laboring with commendable zeal in elevating the standard of education in the business of apothecaries, and will ere long be appreciated in their alumni; while the Academy of Medicine, recently organized in New York, and kindred organizations elsewhere, will ultimately detach physicians from all interference or amalgamation with the sale or preparation of drug:—a consummation devoutly to be wished.

R.

REMARKABLE CASE OF PROTRACTED LACTATION.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. P., aged 39 years October 28th, 1846, never had a sick day since her marriage December 9th, 1826, except the usual sickness consequent on parturition. During this period she has given birth to eight children, all of whom are now living and in perfect health. The order of their births is as follows:—Sept. 5th, 1827, female; Sept. 5th, 1829, do.; March, 28th, 1832, do.; April 1st, 1834, do.; November 11th, 1837, do.; April 3d, 1841, male; April 17th, 1844, do.; November 3d, 1846, female. Mrs. P.'s only brother and sister lived to adult age, and both died of *tubercular phthisis*. Both parents also died of the same disease. She was married young, and at the time considered a remarkably slender girl, being subject to cough upon the slightest exposure. She has been constantly nursing for a period of nearly twenty years—never weaning one child till the birth of another compelled her to, for the convenience of the infant. More than once, when *in labor*, I have seen her child of the last birth at the breast.

From a solitary case of this kind, I would not draw a single inference; but should some of your numerous correspondents, from the abundance of their experience, contribute for the Journal similar cases with a like favorable result, might we not infer, contrary to the generally-received opinions of medical men, that *protracted lactation*, especially during pregnancy, possesses a prophylactic power, even when there exists a well-marked hereditary predisposition to pulmonary disease?

I. P. SMITH.

Gloucester, Feb. 5th, 1847.

FORMATION OF A SOCIETY FOR DENTAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In view of the present low standard of education and principle, required for the practice of dentistry, in the city of Boston and vicinity, should there not be some steps taken by those members of the profession, whose natural and acquired ability renders them proof against the devices resorted to by the many parasitic impostors whose signs glare in our most frequented streets to dazzle a public more ready to receive and promulgate marvellous doctrines, than those fraught with reason and common sense, to raise the standard of requirements upon an equality with the responsibilities incurred in the practice of a profession so intimately connected with the medical? Holding, as it does, an intimate influence over the health and comfort of its patrons, should they not esteem it their duty to devise such measures as may tend to the advancement of the art, and the suppression of all dishonorable efforts made to promote private interest at the expense of public welfare, and the cultivation of union and friendly feeling among the legitimate members of the profession? And as an association with the above purpose in view seems to offer the only true course for the attainment of results

so desirable, we can see no just cause why those who have acted as pioneers in the path of duty, and the many others who have improved and profited by their examples, should remain dormant, while quackery stalks boldly forth to sap the vitality of the profession by impairing the confidence of the public in reference to the utility of dental operations. All acquainted with the present state of the profession, must acknowledge that the major part of the operations performed for the preservation of the teeth serve only as an aid to the natural process of decay ; and from the existing regulations for obtaining a dental education the *unenlightened* have no security against imposture. But by the aid of those members of the profession who have obtained a reputation as men of science, a reformation could be brought about, and a guarantee given to the public, by operators under the certificate of a society formed by them, which would serve as a password of safety.

Yours,

S. E. R.

Boston, February 5th, 1846.

REJECTORS OF HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the Journal for January 27th, is an article on "Eclecticism," with the signature R. As one of those who have for the last few years made it a point to investigate the homœopathic principle in medicine, I am (or ought to be) anxious to see what evidence there is against it as well as in its favor. I would therefore respectfully make of R. the following inquiries. What enlightened men, either in Europe or this country, have given homœopathy a thorough *practical* investigation, and rejected it? Also what medical schools have studied its principles, and found those false which are considered fundamental? Will he be so kind as to state names, and the works or reports which contain this information. If these things are so, the *thousand* physicians in this country, to say nothing of Europe, ought to be made acquainted with the facts, and the author of Eclecticism will confer a great favor upon his erring brethren, and render himself a benefactor to mankind, by informing them. For one, I am anxious to see evidence against it, and have no doubt that practitioners generally wish the same.

Respectfully, &c.

T.

February 6th, 1847.

TREATMENT OF INSANITY.

(Communicated for the Boston Medical and Surgical Journal.)

"THE TREATMENT OF INSANITY, by John M. Galt, M.D., Superintendent of the Eastern Lunatic Asylum of Virginia, at Williamsburg," is the title of a book just issued from the press of the Harpers. It is of 579 pages, printed on very thick and fine paper, with a beautiful clear type. We are glad to see this book. We knew, a year ago, that the manuscript was in the hands of the Harpers, and that a gentleman of

great literary eminence had seen it, and had advised its publication. But why it had not been printed long ago, we could not conjecture. However, here it is; and great industry and much ability are discoverable in its composition. The author modestly styles it a compilation. We quarrel not with him on that word, being satisfied that oftentimes the mind is as profitably employed in the one occupation as the other. This work is one which has been and is now much needed among physicians. All, even those unconnected with insane asylums, will be benefited by its perusal. The reader may here trace the progress of humanizing views of treatment, from the days when the madman was classed among the beasts, to the present time, when he is regarded as man, prostrated by sickness, but recoverable to health by vigilant kindness, devoted sympathy, and the application of means and skill, as in other maladies. We commend the book to all, as a store-house which may be resorted to with every hope, that out of it may be obtained many important and useful truths and experiences, on which we may rely when called on to treat this most lamentable of diseases.

One word of correction. In the Annual Report of the Prison Discipline Society, Boston, 1841, occurs, at page 24, this passage, purporting to be an extract from Dr. Butler's annual report, for 1840, of the condition of the Boston Lunatic Hospital, viz.: "We have one strong chain [chair], which is rarely used." Dr. Galt, copying from the Prison Discipline Society's Report, and not from Dr. Butler's, has, we perceive, continued this misprint in his book at page 522. Pray, Dr., in your next edition (which we trust the work will soon reach) correct this mistake; and, for the honor of our beloved city and its institutions, substitute the word "chair" for "chain." We are informed that no chain or chains were ever employed in the Boston Lunatic Hospital; and that said chair has not been occupied for more than four years; but that it is now placed among the "has beens," and is shown only as a curiosity. S.

February 11th, 1847.

MASTURBATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has recently been called to the subject of this secret vice, by noticing, in one of the papers, the death of Munroe Edwards, who died lately at the Sing Sing State Prison, New York, of consumption brought on by indulgence in this solitary habit. The community are not aware to how great an extent this degrading vice is practised. By the reports from the Worcester Insane Hospital, it will be learned that a large proportion of the cases brought to that institution are traced solely to this cause. Does it not become philanthropists to look into this matter, and cause such works to be put into the hands of our youth as will inform them on this subject, without corrupting their minds. Such a work is published by Messrs. Otis, Broaders & Co., of your city, of which some 30,000 copies have already been sold. This work, entitled "*Manhood*,

Causes of its Premature Decline," &c., is translated from the French of Deslandes, and has been highly recommended by Drs. Woodward, of Worcester; Doane, of New York; Winslow Lewis, Jr., of Boston, and other eminent physicians. We do not hesitate to say, that aside from humanity, directors of our public institutions would in a pecuniary point of view find it to their advantage to put one of these books into the hands of every inmate in their establishments; for whatever contributes to the health of those under their charge, enables them to derive a greater amount of receipts from their labor—while, on the other hand, the poor ignorant person, addicted to the vice, unaware of what is the cause of his emaciation and weakness, is daily becoming not only a burden to himself, but an expense to those who are to provide for him.

C.

DISLOCATION REDUCED BY THE AID OF THE ETHEREAL INHALATION, WITH OTHER NOTICES.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—James Murphy, a laboring man, aged 56, presented himself at the Hospital of the House of Correction on the 9th inst., having his left humerus dislocated into the axilla. The patient stated that the accident occurred five weeks ago, and that it was then seen by a physician of high respectability, who (no doubt by reason of the presence of inflammation and tumefaction) did not detect the true condition of the limb. The nature of the case was evident at the time of his coming here. This shoulder was less in size than the other, as was the whole arm for want of use. The elbow projected very considerably from the body, nor could the arm be rotated. The fingers were numb. The head of the bone could be distinctly felt in the axilla.

The operation for reduction was commenced by placing the patient on a bed. He then began to inspire through the ethereal inhaler. At this moment I observed that his knees were raised, and that there was much resistance of the muscles of the arm when slightly moved. I then, removing my boot, and sitting at his side, placed my heel in the axilla, and waited till the ether should have its expected effect. This occurred in about three minutes. His knees then relaxed and straightened, and as I gradually and firmly (with the assistance of a student) extended the arm and carried it a little further from the body, the head of the bone slipped into the socket. My own part in the operation was performed in less than two minutes. In a moment after the patient awoke from his lethargy, entirely unconscious of what had taken place.

On the afternoon of the same day I amputated the thumb of an old sailor while under the influence of the ethereal gas. He was totally unconscious of the operation, and said, when he awoke, that he had been dreaming that he was on board of a man-of-war in South America, walking the deck and chatting pleasantly with a shipmate.

A few weeks ago I amputated the leg of one man, and the foot of another, while attempts were being made to render them insensible to

pain by means of this same agent. But from want of docility in the patients, or from fear, or some other unaccountable influence, they failed to be affected by the gas to the desired extent. A very considerable mitigation of pain was, however, experienced by them, according to their own language.

C. H. STEDMAN.

City Institutions, South Boston, Feb. 12th, 1847.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1847.

Massachusetts Medical Society—Patent Medicines.—An opinion has been prevalent in Massachusetts, since the formation of the State Medical Society, that no Fellow of that institution could prescribe, recommend, or hold an interest in, a patent medicine. It is possible that this understanding of one of the by-laws has restrained very many from meddling with preparations which the great unthinking public is always ready to patronize. This view of the subject has been entertained by ourselves, and had it not been for a lucid exposition of the principles of the constitution of the Society at the last meeting of the Counsellors, by a leading member in Boston, we should have remained in utter ignorance of what is claimed to be the true meaning and intention of that instrument. As we now understand it, any member of the Medical Society is at liberty to prescribe, recommend, invent or patent any medicine, or own and sell patent medicines, and he cannot be called to an account for so doing, by the conscript fathers of the association. If, on the other hand, a Fellow should prescribe nostrums, or vend a *secret* remedy, then, and then only, would the Society's battering ram of indignation be brought to bear upon him. No matter how absurd the composition of the medicine patented—it is no longer a secret, and therefore using it is no longer an offence, when the seal of the patent office is once appended, and those who are curious to know what their neighbors are doing in the matter, may ascertain by writing to Washington. Wo to them, however, should they infringe a single iota upon his legal rights. Fearing that it might be possible we had misunderstood this interpretation of one of the by-laws—which was apparently acquiesced in by the whole Council, no one objecting, but all agreeing that high-minded practitioners would not be engaged in the traffic of patent medicines—we subsequently inquired of another eminent member of the Society if he coincided in the decision of the Council, as expressed above. Without hesitation, he stated that he did. Under this decision, therefore, should any gentleman of the Society choose to patent a pill or a plaster he would violate no regulation in doing so—nor could he be called to an account, suspended or expelled for the act.

Dr. Jackson's discovery of the letheon, which, it is well known, has been secured by a patent, gave rise, it is presumed, to an inquiry, which finally brought out this doctrine of personal rights. It is well known that Dr. Jackson expressed an unwillingness to avail himself of the privilege of a patent, because, as he conceived, it would be a violation of an article of the

by-laws of the Medical Society, expressly introduced, as most persons supposed, to suppress such proceedings. His scruples were overcome, ultimately, and it is now clearly established, if this reasoning of learned physicians is true, that no wrong against the Society is done in securing oneself behind the broad parchment of the patent law, sin the exclusive enjoyment of any income which those laws may grant. A promulgation of this new version of an ancient law will unquestionably give scope to genius, heretofore restrained from extraordinary manifestations of tact, and enable it to keep the medicine-taking multitude of New England well supplied with patented preparations. We mourn over the prospect, since the whole country is already absolutely burdened with patent medicines;—feeling that still more may now be anticipated, and from sources commanding more confidence than such have heretofore received. Larger fortunes are made in a little time, by a bold, fearless fellow, with a patent ointment, a pain extractor, worm lozenges, or something equally ridiculous in the estimation of a man of common sense, without personal exertion, or toil of body or mind, than the most learned and brightest ornaments of our ill-requited profession gain by a long life of persevering industry. But people in this blessed country may do as they like, and who has a right to complain?

Ophthalmic Medicine and Surgery.—“This,” says Dr. Hayes, the American editor of the work, “is one of a series of manuals, the design of which is to furnish the student, within a small compass, a complete and comprehensive digest of the several subjects of which they treat.” It is a beautifully printed duodecimo volume, containing 509 pages, treating expressly on the principles and practice of ophthalmic medicine and surgery, by T. Wharton Jones, F. R. S., a member of many prominent institutions, with 102 illustrations, and edited by Isaac Hayes, M.D., surgeon of Wills Hospital, Philadelphia. The publishers are Messrs. Lea & Blanchard, of the same city. The following is a synopsis of its contents, viz:—Chap. I. Ophthalmoscopy, and application of remedies to the eyes. II. Inflammation in general. III. Dropsies, tumors, cancers, &c. of the eye. IV. Abnormal states of the optical refractions and adjustments of the eye. V. Abnormal excitement of visual sensations. VI. Loss of correspondence of the sensations and movements of the two eyes. VII. Inflammation and ulcerations of the eye-lids. VIII. Diseases of the conjunctiva. IX. Diseases of the lachrymal organs. X. Diseases of the orbit. XI. Injuries of the eye. It abounds with useful information, and is compactly and systematically arranged. Dr. Hayes is distinguished for his carefulness and sound judgment in whatever belongs to the science of medicine. His opinion carries weight with it, and particularly so in the capacity of a critical annotator. Ticknor & Co. have copies on sale.

Ranking's Abstract of the Medical Sciences.—Promptly, at the promised period, Messrs. Lindsay & Blakiston, of Philadelphia, have issued the first and second parts, of the second volume of the Half Yearly Abstract of the Medical Sciences—extending from January to December, 1846. Nearly all the articles are of sterling value, culled from the most approved sources in modern medical publications. How a work of this kind can be afforded for one dollar and fifty cents a year, is a mystery that wholly belongs to the craft of publishers. Gentlemen desirous of possessing a digest of current medical literature, will be pleased with this excellent reprint.

Proposed New Medical School in Boston.—A petition is now before the Legislature of Massachusetts, asking for a charter to hold property to a certain amount, by some gentlemen of the medical profession in Boston, which looks like being ambitious to establish something new in the city. As no request is made for authority to confer degrees, the presumption is that no objection should or would be made to the prayer of the petitioners.

It seems, from the legislative proceedings, that a Thomsonian faculty would be glad of permission to manufacture recruits for their service, at Worcester, on a plan very similar to that of the regular profession;—that is, have an edifice, give lectures, &c.

Infirmary for Sick Children.—An institution for the reception of sick children, between the ages of two and sixteen years, has been opened on Washington street, Boston, near the Lying-in Hospital. Children of the poor will be taken gratuitously. Although the arrangements are not entirely complete, a small number of patients can now be received. Application for admission is to be made to Dr. J. B. Alley, No. 5 Franklin street, and to Mr. J. W. Appleton, No. 76 Beacon street. Physician, William R. Lawrence, M.D. Consulting do., John Ware, M.D.

Patent Medicine Law in Maine.—A late law in the State of Maine requires that the composition, and the proportion of each article of the composition, of every patent medicine offered for sale, shall be printed on a label and pasted on the bottle, package, &c. containing it, under penalties that would make a common pedlar wince. It is well known, however, that a law never was enacted which a yankee could not evade. This was true in regard to the nine-pin law:—a tenth pin was added, and thus the statute became inoperative. A daring fellow, who has a patent medicine much in demand by the down-east people, called at the Chinese Museum in this city, lately, and for two dollars had the composition, proportions, &c. of each article in the compound translated, by Mr. Chafung, into Chinese—and in that language the required labels are printed. He thus complies with the letter of the act—because the law does not define the language of the labels. By the time the legislature is again in session, he will have supplied the market, and will, at his leisure, laugh at the combined wisdom of the representatives of the people.

Woman and her Diseases.—Very encouraging notices of Dr. Dixon's practical essay have been observed in various publications. The early proof sheets were shown to us, but they gave only an imperfect idea of the character of the book, as it now probably appears in its finished condition. Whenever the work reaches us, it will be due the author to read it with a teachable spirit, for it is presumed to abound in facts essential for a physician to know.

New Exposure of Mesmerism.—Mr. Braid, of Manchester, Eng., relates, in the Edinburgh Medical and Surgical Journal, some experiments made by a mesmerizer, the fallacy of which was shown by other experiments of his own. Magnets were used by the mesmerizer, which operated upon an individual in the so-called magnetic sleep precisely as he predicted, aloud,

they would—producing catalepsy of the hands, arms, &c. Mr. B. tried, on the same patient, a portmanteau key from his pocket, and by confidently and loudly predicting beforehand certain effects to be produced, it was found as efficacious as the magnet, notwithstanding the assertions of the magnetizer that this would not be the case.

Strange Substance Vomited from the Stomach.—A bottle, containing a substance, preserved in spirit, said to have been vomited from the stomach of a lady in Maine, has been received. It resembles outwardly a snake, ten or twelve inches long, and one and a half in circumference at the largest part. Its organization, however, seems very incomplete, as there is little shape of a head, and its surface is mostly in shreds. A further account of the case is promised by the physician who forwarded the substance.

Delegates to the National Medical Convention.—From the Lancaster County (Pa.) Medical Society—Drs. Hunes, J. L. Atlee, Kerfoot, Eshleman, Winters, sen., Duffield and Carpenter. From the Pennsylvania Medical College—Prof. Patterson, Wiltbanks and W. L. Atlee.—*The Medical News.*

New York Correspondence.

Spirometer.—Under this name a public announcement has been made of another new "discovery," for ascertaining the condition of the lungs and "air passages." Physicians and the public have been lately invited to the Astor House to inspect the instrument, and receive the explanations of its inventor. Those who have responded to the call, have been introduced to a gasometer, resembling those seen in every chemist's laboratory, and used in ordinary by the public exhibitors of the laughing gas. Its only novelty or improvement consists in a tube movably attached to the top of the gas holder, while itself is filled with water, and a scale attached to the top of the cylinder designed to show the amount of air which an individual can expire by blowing into the tube. The scale is said to be regulated by the height of the individual, which is found to be the criterion of the volume of air which the lungs contain. But that the "spirometer" can ever be made useful for diagnosis, or any other practical purpose, there does not appear either reason or probability. The idea that even having ascertained the capacity of the lungs, by measuring the volume of air expelled by a full expiration, we should thereby learn anything of the true pathological state, in the variety of morbid affections of the pulmonary tissues, is a *reductio ad absurdum* in itself, besides being at war with medical philosophy and the lessons of experience.

Tracheotomy.—We perceive that certain professional wiseacres have blundered into the fiction that M. Troussseau, of Paris, has recently been performing tracheotomy with the view of making topical applications to the larynx, in cases which it is alleged might be reached with a probang and sponge, if that distinguished surgeon only knew how to perform the difficult feat. For the enlightenment of such of our contemporaries as have fallen into this "discovery," it will only be necessary to direct their attention to the prize essay of the Royal Academy of Paris, published in 1837, where they will find a full report of ten cases of tracheotomy, which are cited by M. Troussseau to prove that cancerous and tubercular laryngeal

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phthisis are beyond the reach of ether medicine or surgery. The detailed records thus furnished will show that though, at that date, M. Rousseau and his associate had performed the operation seventy-eight times, it was only in examples of suffocation, by obstructions in the larynx, which forbid the introduction of instruments, or even the access of air to the lungs in sufficient quantity to sustain life.

The lamentable want of information on this whole subject, by certain recent writers who have undertaken to instruct the profession, is sadly exposed. If reading were not now out of fashion, they might learn that even Hippocrates knew how to pass tubes into the larynx, and recommends the practice in chap. x., lib. iii., entitled *De Morb.*, &c., and that Desault revived the practice in the Hotel Dieu. Its failure in such cases, and the reasons of it, were admitted by him, and subsequently dwelt upon by Boyer. It is only in such deplorable examples of permanent obstructions in the larynx, or in cases of croup when temporary obstructions equally impassable by instruments are present, that M. Rousseau ever advised and performed tracheotomy. The use ignorantly made therefore of these instances by certain would-be critics, is a perversion of the facts of the case, and betrays a desperate cause. *Magna est veritas.*

New York Hospital.—What is the matter with the Surgeons and Physicians of the New York Hospital? The last No. of Dr. Wagstaff's Reporter talks of their "unpopularity" as deplorable and notorious. There must be something spleenetic in this wholesale denunciation of the teachers in that institution, whose reputation abroad, as well as at home, will protect them from such flagrant delinquency as is imputed to them by the censorious editor of the weekly Journal published in their own city, unless facts be forthcoming other than any which are either expressed or implied in the article to which we refer. In a former No. of the same Journal, we observed a comparison instituted between the clinical opportunities afforded by that Hospital, and the surgical cliniques held at the University, and very much to the disparagement of the former. How is this, when every circular, from the Colleges in New York, speaks of the advantages afforded by this same Hospital? Are not several of the physicians and surgeons of the Hospital connected with the Universities of New York? And are not all of them officers or members of the Academy of Medicine recently formed in that city? We have been accustomed to regard the surgeons and physicians of the New York Hospital with high respect as practitioners and teachers. Will Dr. Wagstaff explain?

To CORRESPONDENTS.—A review of Prof. J. M. Smith's Introductory Lecture has been received, but without a copy of the Lecture from which to take the quotations.—The paper by "An Old Subscriber" has been received.

DIED.—At Wells, Me., Dr. Joseph Gilman, 75.—At Washington, D. C., Dr. Frederick May, 74.—At Austin, Texas, Dr. J. G. Chalmers—killed in a quarrel.—At Grand Detour, Mich., Dr. Galen Palmer, 60, formerly of Wolcott, Vt.—In New York, Henry W. Porter, M.D., 24; Dr. Samuel Simons, late representative in Congress from that State.—In Boston, Dr. Ephraim Buck-Jr., aged 33.

Report of Deaths in Boston—for the week ending Feb. 13th, 51.—Males, 23—females, 28 Stillborn, 5. Of consumption, 9—lung fever, 5—debility, 1—dropsy, 2—inflammation of the chest, 1—inflammation of the lungs, 5—infantile, 4—hooping cough, 1—croup, 1—dropsy on the brain, 4—dropsy in the chest, 2—convulsions, 2—asthma, 1—marasmus, 2—suicide, 2—old age, 2—bronchitis, 1—brain fever, 1—canker, 1—typhus fever, 2—scarlet fever, 2.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 6—over 60 years, 6.

Newman's Illustrated Flora.—A more beautiful periodical rarely falls under our notice, than the Illustrated Flora—the only work of the kind in this country, devoted to the true science of Botany. It is conducted by John B. Newman, M.D., and published at New York, by Messrs. Lewis & Brown; Messrs. Jordan & Wiley, State street, being the Boston agents. Each number has several gorgeously colored plates, highly finished, together with a miniature of some eminent botanist. The prospectus says that the first series will be completed in sixty monthly numbers—every six forming a volume of 288 pages, and thirty-six plates—making ten volumes in all. Only three dollars a year is asked for this very curious, elegant and desirable publication. It would be creditable to the intelligence of the country to have this enterprise well sustained.

Softening and Rupture of the Left Ventricle of the Heart.—An unmarried female, aged sixty-five, having enjoyed tolerable health, complained for a short time previous to her decease of an ill-defined, but not severe pain about the chest. The physical signs of disease were not ascertained. Treatment directed to the stomach afforded considerable relief. Death occurred suddenly. On inspection, the pericardium was found distended with coagulated blood; the left ventricle was softened, and a rupture of its walls was discovered near its apex. No other signs of disease presented.—*Provincial Journal.*

Medical Miscellany.—An account is given in a foreign paper of a child born in Ireland, near Cork, with three heads, with arms of unequal size, and one of them having six fingers.—John Crawford Rickets is said to have died lately at Spanish Town, Jamaica, at the age of 142 years.—A Dr. Tirust de Molemort, of France, has discovered a new method of treating consumption, that is making some stir. He has applied to the government for permission to try the practice in the Parisian hospitals.—The Ohio Lunatic Hospital recently caught fire, but the damage was trifling.—The Boston Post says that Mr. Spaulding, of New Orleans, has paid \$3,717 for medical advice and attendance upon a sore finger, which got well by taking off the rags and letting it alone.—At Bagdad, 30,000 persons are supposed to have been swept off by the cholera. At Mossul, 150 were carried off by it daily. Bossora and the adjacent provinces were desolated, but in Persia the scourge has somewhat abated.—Scarlet fever prevails extensively at Philadelphia.—Dr. John M. Bell, of Virginia, has been appointed assistant surgeon in the army.—The fact has been recently discovered, that brandy drinkers are particularly liable to fractures of their bones.—There has been an excellent class attending the late term of medical lectures at Willoughby University. Twenty-four were admitted to the degree of M.D. at the close.—Dr. Bartlett, of Lexington, Ky., Medical College, is about publishing a second edition of his admirable work on the fevers of the United States.—A dog was taken from a well, the other day, where he had accidentally fallen in twenty-seven days before. He supported himself on a stick of timber, but had nothing for nourishment all that time except water and the timber which he gnawed.—The Journal of Homœopathy asserts that the New York Pathological Society expelled a member “on the ground of his belief in the truth of homœopathy.”—Dr. Rosa, of Painsville, Ohio, is the author of a pamphlet of 32 pages—“homœopathy and allopathy, compared.”